FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	ORGANIZATION	
. •	(See instructions)	Office use only
NAME OF COMMITTEE (in	full) (Check if name Example: over the I	: If typying, type ines 12FE4M5
Citizens for T	om Petri 	
ADDRESS (number and	street) P.O. Box 270	
(Check if add	ress	
is changed)	Fond du Lac	WI 54936
	CITY▲	STATE▲ ZIP CODE ▲
committee's e-m/		
tompetrievo		
COMMITTEE'S WEE	PAGE ADDRESS (URL)	
COMMITTEE'S FAX 920-923-4329	NUMBER	
2. DATE 0	1 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. <b>FEC IDENTIFIC</b>	ATION NUMBER C C00107	7003
4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)		
I certify that I have exam	ined this Statement and to the best of my knowledge and bel	lief it is true, correct and complete
Type or Print Name o	Treasurer Louis Andrew, Jr.	
Signature of Treasure	Electronically Filed by Louis Andrew, Jr.	Date 07 14 2008
NOTE: Submission of f	alse, erroneous, or incomplete information may subject the pe	erson signing this Statement to the penalties of 2 U.S.C. S437g.  D BE REPORTED WITHIN 10 DAYS
Office Use Only	Fed: Toll	further information contact: eral Election Commission Free 800-424-9530 al 202-694-1100  FREC FORM 1 (Revised 12/2007)

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